

TOWN OF ANDOVER

MASSACHUSETTS

Town Offices 36 Bartlet Street Andover, MA 01810 978-623-8600 Building 978-623-8620 www.andoverma.gov

SPRINKLER SYSTEM INSTALLATION/ALTERATION PERMIT APPLICATION

Building Address:	Permit #
Name of Installer:	License #:
Company:	Phone #:
Address:	
E-mail:	Fax:
SCOPE FOR WORK:	
BUILDING INFORMATION:	
☐ Group F (Factory) ☐	☐ Group B (Business) ☐ Group E (Educational) ☐ Group H (Hazardous) ☐ Group I (Institutional) ☐ Group R (Residential) ☐ Group S (Storage)
ALARM SYSTEM DETAILS:	
□ New System → Bldg. Sq. Ft	Existing System → # of Sprinkler Heads: (added or relocated)
ALARM MONITORING:	
☐ UL Central Station ☐ Radio Ma	ster Box
DOCUMENT SUBMITTALS:	
□ Plans □ Cut Sheets □	FP Narrative Reports
Permit Issued: Permit	Expires: Permit Fee: \$
Signature of Applicant	